Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Lifective October 1, 2000												
CLAIMS A			S FILED - PART ((Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER SMALL	
TOTAL CLAIMS			29					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FÉE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 9			X\$ 9=		OR	X\$18=	102
INDEPENDENT CLAIMS			5 minus 3 =		2			X40=		OR	X80=	100
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=	:	OR	+270=	, , ,
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	o" in column 2		TOTAL		OR	TOTAL	1030
	Ac	MENDED	MENDED - PART II (Column 2) (Co			_	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 29	Minus		9.	=		X\$ 9=		OR	X\$18=	
	Independent	کی ا	Minus	<u>کڻ </u>	2 5	=		X40=	,	OR	X80=	
L	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			CLAIM	<u> </u>	1	+135=		OR	+270=	1
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Co)u	mn 2)	(Column 3)					/	
AMENDMENT B	6	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE
	Total	.75	Minus	** 7	29_	=		X\$ 9=		9Ř	X\$18=	
	Independent	NTATION OF MU	Minus	***	SCI AIM	=		X40=		OR	X80=	
THE THE CENTRE OF MOETHER					OLAIM	<u>,95 iiii. </u>		+135=	7.	OR	+270=	•
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		/	/			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***				X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚╏	+135=			+270=	, ,
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									TOTAL			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATIO	N NUMBER	<u>د</u>	-1		<u>:</u> :	
-	•	Total F	1			
	Fee Code	Total # Claims	Number Extra		·Fee	Fce
	Sm./Le.		•	•	Sm. Entity	Lg. Entity
Basic Filing Fee	201/101		•	•		710
Total Claims >20	203/103	<u> 20</u> -20	<u>= 9</u>	x .	• •	182
Independent Claims >3	202/102	5 3	<u>a</u>	x	•	80
Mult, Dep Claim Present	<u>204(104</u>		••••			13:13
Surcharge ·	205/105	••			•	
English Translation	139	•	. •			
TOTAL FEE CALCUL	ATION .		K		2	:
Fees due upon filing t	he application	K.	K.	· .		•
Total Filing Fees Due	= s	1/62.2) ()	-		
Less Filing Fees Subm	itted -\$_	•	•			

1.1.60.00

Ozice of Initial Patent Examination